State	of Minnesota			District Court		
Cour	nty of			Probate Division Judicial District: Court File No		
					14, Conservatorship	
	e:	-		Petition for Appointment of Guardian and Conservator (MINOR)		
Resp	ondent		'		(MINOR)	
TO T	HE HONORAF	BLE JUDGE	E OF THE DISTRICT	COURT:		
1.	Petitioner's:	Name:				
2.	Respondent's	Interest in : Name:	number:this matter:			
2		Age/Date of tition is grant	number:of birth:ed, Respondent will	be moved to:		
3.	Relationship		Name	spouse and kindred are	e: Address	
<u>a</u>				resided for six months or m		
	•					
b)			ents and adult brothers an 3(b)(3) and 524.5-102 su	nd sisters; if none of these, bd. 7)	then list the nearest	

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
c) Administrator (if Responding institution):	lent is in a hospital, VA, unit, nursing h	ome, home care agency or other			
d) Legal Representative (g	ardian/conservator, representative paye	ee, trustee or custodian of property):			
	posed, or confirmed by prior orde	_			
(file applicable document wit	h petition including a prior order, health	care directive or related document):			
4 A.G. II. CD	1 . 1 . 111	1 D			
incapacitated person in	dent should be appointed because that Respondent has not attained	I the age of eighteen years.			
5. The following powers are needed for a Guardian to protect and supervise the person of the Respondent:					
All of the rights	s and powers on behalf of the Wa				
	aphs 1, 2, 3, 4, 5, 6 and 7. A limitause	= =			
	unted limited powers and duties,	specify which powers and			
duties are vested in the	e Guardian by this Order.)				

		Have custody of the Ward and establish the place of abode for the Ward within or without the State, M.S. § 524.5-313 (c)(1);
		Provide for the Ward's care, comfort and maintenance needs, M.S. § 524.5-313 (c)(2);
		Take reasonable care of the Ward's clothing, furniture, vehicles and other personal effects, M.S. § 524.5-313 (c)(3);
		Give any necessary consent to enable, or to withhold consent for, the Ward to receive necessary medical or other professional care, counsel, treatment or service, M.S. § 524.5-313 (c)(4);
		Approve or withhold approval of any contract, except for necessities, which the Ward may make or wish to make (<i>only given if no conservator is appointed</i>), M.S. § 524.5-313 (c)(5);
		Exercise supervision authority over the Ward, M.S. § 524.5-313 (c)(6);
		Apply on behalf of the Ward for any assistance, services, or benefits available to the Ward through any unit of government, M.S. § 524.5-313 (c)(7);
		(other)
6.7.	of eight manag of (1) the fo	and all other powers, duties and responsibilities conferred on the Guardian under applicable law. servator of Respondent is needed because Respondent has not attained the age steen years and Respondent has property that will be dissipated without proper ement; or funds are needed for the support, care, education, health and welfare the Respondent; and/or (2) those entitled to the support of the Respondent. Illowing powers are needed for a Conservator to protect and supervise the estate Respondent: All of the rights and powers under M.S. § 524.5-417 subd. (c) paragraphs 1, 2, 3, 4, 5 and 6. A limited conservatorship is not appropriate because
	. •	Conservator is granted limited powers and duties, specify which powers and are vested in the Conservator by this Order.) Pay reasonable charges for the support, maintenance, and education of the Protected Person in a manner suitable to the Protected Person's station in life and the value of the Protected Person's estate, M.S. § 524.5-417 (c)(1);
		Pay out of the Protected Person's estate all lawful debts of the Protected Person, M.S. § 524.5-417 (c)(2);

		Possess and manage the estate of the Protected Person, collect all debts and claims in favor of the Protected Person, or with the approval of the court compromise them, institute suit on behalf of the Protected Person and represent the Protected Person in court proceedings, and invest pursuant to M.S. § 48A. 07(6) and 501B.151 all funds not currently needed for debts, charges, and management of the estate, M.S. § 524.5-417 (c)(3);
		Exchange or sell an undivided interest in real property, M.S. § 524.5-417 (c)(4);
		Approve or withhold approval of any contract, except for necessities, which the Protected Person may make or wish to make, M.S. § 524.5-417 (c)(5);
		Apply on behalf of the Protected Person for any assistance, services, or benefits available to the Protected Person through any unit of government, M.S. § 524.5-417 (c)(6); and
		(other)
		and all other powers, duties and responsibilities conferred on the Conservator under applicable law.
3.	_	robable value and the general character of the assets of the Respondent are:
	Home	·
		Real Estate: \$
	Mone	
		nal Property: \$
	Other	. ¢
	Other	TOTAL: \$
9.	The p	robable amount of the debts of the Respondent is \$
10.		espondent is (not) a patient at a State Hospital for the mentally ill; is (not)
		tally retarded or dependent or neglected ward of the Commissioner of Human
	Servic	ces; and is (not) under the temporary custody of the Commissioner of Human
	Servic	ces.
11.	The n	ame, age, address, and phone number of each proposed:
		Guardian is: Name, age:
		Address:
		Telephone number:;
		and the proposed Guardian:
		was appointed by prior order of the court;
		nominated by the proposed Ward,
		nominated by the proposed Ward's parent;
		nominated by the proposed Ward's spouse, or

	nominated by some other person; and					
Conservator is: Na						
Ad	ldress:					
Te	lephone number:					
qualified among those ava	Each proposed Guardian and Conservator is the most suitable and best qualified among those available and willing to discharge the trust and is not exclude from appointment pursuant to M.S. § 524.5-309(c) or 524.5-413(d).					
hearing this petition and, after the						
	ardian of Respondent with the powers and duties described					
in allegations numbered 5 above						
described in allegations numbered	Conservator of Respondent with the powers and duties d 7 above.					
	erjury for deliberate falsification therein, I declare or affirm ition and, to the best of my knowledge or information, its nd complete.					
Dated:, 20						
Dated:, 20	Petitioner					
	Name of Petitioner's Attorney:					
	Name:					
	License No.:					
	Address:					
	City/State/Zip:					